

BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT
2725 Judge Fran Jamieson Way, Bldg A-105
Viera, FL 32940
(321) 633-2058 Fax (321) 690-6878

APPLICATION FEES ARE NON-REFUNDABLE
RECIPROCITY APPLICATION FOR CERTIFICATE OF COMPETENCY

Date _____

Applicant Name: _____

**Attach
Recent
Photo**

***** SEPARATE CHECKS ARE REQUIRED *****

Make Checks Payable to Board of County Commissioners

Application Fee: **\$120.00** Certification Fee: \$ _____

The Certification Fee is indicated next to the trade. The Certification Fee is for the Competency Card and is prorated throughout the year. The Competency Card expires every August 31st. The prorated fees are:

August – November	100% of Certification Fee
December – April	75% of Certification Fee
May – July	50% of Certification Fee

Trade Category (Check one):

SPECIALTY CONTRACTOR TRADES

*DRYWALL	\$130.00	()
*EXCAVATING/LANDCLEARING ...	130.00	()
*FENCING.....	130.00	()
*FLOOR COVERING	130.00	()
*FLOOR COVERING W/ TILE	130.00	()
*FRAMING/CARPENTRY	130.00	()
*GARAGE DOOR	130.00	()
*IRRIGATION	130.00	()
*MARINE I.....	130.00	()
*MARINE II.....	130.00	()
*MASONRY.....	130.00	()
MECHANICAL.....	130.00	()
*PAINTING.....	130.00	()
PLUMBING	130.00	()
ROOFING	130.00	()
SHEETMETAL	130.00	()
SOLAR WATER HTG.....	130.00	()
*SPECIALTY STRUCTURE (Aluminum)	130.00	()
*STORM SHUTTER.....	130.00	()
*STUCCO	130.00	()
SWIMMING POOL	130.00	()

*LIMITED ENERGY SYSTEMS....	130.00	()
*SWIMMING POOL FINISHING...	130.00	()
SWIMMING POOL SVC	130.00	()
UNDERGROUND UTILITY	130.00	()
*WINDOW & DOOR	130.00	()

ELECTRICAL CONTRACTOR TRADES

*ELECTRICAL SIGN	130.00	()
*ELECTRICAL	130.00	()

BUILDING CONTRACTOR TRADES

GENERAL	\$205.00	()
BUILDING.....	180.00	()
RESIDENTIAL	155.00	()

AIR CONDITIONING CONTRACTOR TRADES

CLASS A UNLIMITED	130.00	()
CLASS B LIMITED	130.00	()

ALARM CONTRACTOR TRADES

*ALARM SYSTEMS I.....	130.00	()
*ALARM SYSTEMS II.....	130.00	()

Application for Reciprocity

BREVARD COUNTY LICENSING REGULATION & ENFORCEMENT CONTRACTOR CERTIFICATION BY RECIPROCITY FORM

Please complete this form. The information you provide will be printed on your Competency Card.

NAME: LAST, FIRST, MI _____ DATE OF BIRTH _____ TRADE CATEGORY _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

NAME OF BUSINESS: _____

EMAIL ADDRESS: _____

Applicant will conduct business as: (Check One)

☐ Individual ☐ Corporation ☐ LLC

☐ Sole Proprietor dba as fictitious name, if yes, what is the fictitious name? _____

☐ As a Corporation or LLC dba as a fictitious name, if yes, list full Corporation or LLC and fictitious name? _____

DAYTIME PHONE NUMBER () _____ Fax No. () _____

SIGNATURE OF APPLICANT _____ Date _____

OFFICE USE ONLY

RECIPROCITY FROM: _____

Date Certification Issued: _____

Cap ID or COC #	App Fee Pd \$	Date paid :	CLB Date:	Processed by:
	Cert Fee Pd \$	Date paid:		

Application for Reciprocity

1. Name: _____
Last First Middle

2. Business Address: _____
Number Street City State Zip

3. Mailing Address: _____
Number Street City State Zip

4. Date of Birth _____

5. Business Phone No. () _____ Home No. () _____

6. U.S. Citizen? YES ☐ NO ☐

7. Do you presently have a current city or county business tax receipt?

☐ No ☐ Yes If yes, where? _____

Company Name: _____

8. List your residential addresses for the past five (5) years:

9. List all businesses you have owned, operated, or managed or have had an interest of any kind during the past five (5) years:

Business Name	Business Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application for Reciprocity

10. Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

11. Have you had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

12. Have you undertaken construction contracts or work which resulted in liens, suits or judgments being filed?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

13. Have you had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

14. Have you made an assignment of assets in settlement of construction obligations for less than the debts outstanding?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

15. Have you been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been subject to any disciplinary action by state, county or municipality?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

16. Have you filed or been discharged in bankruptcy within the past five (5) years?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

17. Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past ten (10) years?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

18. Notwithstanding the above, have you ever at any point in time had a felony conviction that has resulted in the revocation of your civil rights?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

Applicant may be required to provide further information or appear before the Contractors' Licensing Board.

Application for Reciprocity

The undersigned hereby makes application for certification in accordance with the provisions of Chapter 22, Code of Brevard County, Florida.

I certify I will act only for myself or that I am legally qualified to act on behalf of the business organization seeking to be certified, in all matters connected with its contracting business. Furthermore, I have the authority to supervise construction projects undertaken by myself or such business organization and that I will continue during this certification to be able to so bind said business organization. If I sever my affiliation with said business organization, I will immediately notify the Contractor Licensing Board in writing within thirty (30) days of such termination.

I authorize the secretary to the Brevard County Contractor Licensing Board to obtain from any source dealing with me, even though confidential, such additional information concerning my financial condition as may be deemed necessary by the Board.

I acknowledge that pursuant to Florida Statute 489 and the Brevard County Code, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters," both for the organization in general and for each specific job.

I also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all times.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or any omission of facts called for is cause for disciplinary action by the Brevard County Construction Industry Licensing Board. I also authorize release of sheriff and police records to Licensing Regulation & Enforcement. I hereby release you, your organization or others from any liability for damage which may result from furnishing the information requested above. I also agree to familiarize myself and abide with all local ordinances and amendments, state regulations and the Florida Building Code governing all restrictions in reference to the license I have been issued.

I, _____, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

Signature of Applicant

Date

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____,

by _____,

Signature of Notary

(Notary Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT**

AFFIDAVIT FOR APPLICANT/QUALIFIER OF COMPANY

(License Holder)

I, _____, acknowledge that pursuant to Florida Statute 489 and the Brevard County Code, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters", both for the organization in general and for each specific job.

I, also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all times.

I, _____, CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ANY WILLFUL FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN IS GROUNDS FOR DISQUALIFICATION.

Signature of Qualifying Contractor

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20 _____

By _____, (Notary Seal)

Signature of Notary

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**BREVARD COUNTY
LICENSING REGULATION & ENFORCEMENT**

AFFIDAVIT FOR FINANCIALLY RESPONSIBLE OFFICER

In accordance with Chapter 489.1195(1)(b) I, _____
assume personal responsibility for all financial aspects of _____.
Company Name

Signature of Financially Responsible Officer

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20 _____

By _____, (Notary Seal)

Signature of Notary

Personally Known ____ OR Produced Identification ____

Type of Identification Produced _____

SOCIAL SECURITY NUMBER DISCLAIMER

** "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

(Print Name)

(Social Security Number)

(Sign)

Date

Please cut along dotted line and keep bottom portion of the disclaimer for your records

.....

** "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

BREVARD COUNTY LICENSING REGULATION & ENFORCEMENT RECIPROCITY CHECK LIST

Name: _____

Date: _____

1. Incoming Letter of reciprocity from sponsoring County _____

LETTER MUST INCLUDE THE FOLLOWING:

- ♦ Block & Associates proctored exam
- ♦ Trade Exam and Business & Law Exam scores with a minimum of 75%
- ♦ Years of verified experience (1 - 5 years depending on trade)
- ♦ Complaints on record
- ♦ Sponsoring County must state in their letter they will reciprocate with Brevard County in the same trade.
- ♦ Holds an Active Certificate of Competency Card

2. Application _____

3. Certification Form _____

4. Application Fee _____

5. Certification Fee - See Application _____

6. A copy of the Articles of Incorporation or LLC
or a current Annual Report of the Corporation
or Fictitious Name Certificate of Status _____

Fictitious Name is defined as "any name under which a person transacts business in this state, other than his legal name."

To receive information of the above documents, contact the Department of State, Division of Corporation at 850-488-9000.

7. Criminal Background Check (attached)

Required for all trades marked with an asterisk (*) see page 1 _____

8. Personal Credit Report _____

9. Business Credit Report – if the business has been established for 3 years or more _____

An original report (not more than 1 year old)

CLB rules have very specific requirements regarding the information verified on credit reports; therefore you must obtain your report from a CLB approved credit-reporting agency. A list of approved agencies is attached. The CLB has no relation to these companies; we have merely verified that they follow CLB rule requirements regarding the credit verification. The credit report shall include the FEIN for the corporation and Social Security Numbers for applicant/licensee. Credit reports obtained directly from "Equifax", "Trans Union" or "Experian" will **NOT** be accepted. Reports from the Internet, banks, credit unions, mortgage companies, car dealerships or other lending institutions will also **NOT** be accepted. Copies will **NOT** be accepted.

The credit report must include a Public Records statement that records have been checked at County, State and Federal levels. A LIST OF APPROVED CREDIT BUREAUS IS ATTACHED.

Reciprocity Check List

Proof of Satisfaction of Liens, Judgments and Discharge of Bankruptcy: The CLB is required to verify the financial responsibility of its applicants. You may have to appear before the board regarding problems with your credit history. The Licensing Regulation & Enforcement Department may be able to avoid forwarding your application to the board if you can show that you have satisfied any liens and/or judgments, or if you can show that you are engaged in an active payment plan to repay your creditor(s). **If you appear before the board, they may approve or deny your application, or approve it subject to certain conditions (e.g., probation).**

10. A Letter of Authorization

From the Owner/President of the Corporation – Owner/Managing Member of the LLC stating the applicant is legally authorized to conduct business on behalf of the business organization if the applicant is not an owner/officer/member of the business organization he is qualifying.

11. Copy of Driver's License

12. Signed Social Security Number Disclaimer

13. A copy of Business Tax Receipt from County where business is located.

14. A copy of active Certificate of Competency Card

15. A copy of State Registration License

♦ ALL CERTIFICATES OF INSURANCE MUST BE ORIGINALS AND MUST BE RECEIVED FROM THE INSURANCE COMPANY

♦ ALL CERTIFICATES OF INSURANCE MUST LIST THE CERTIFICATE HOLDER AS:

**Brevard County Licensing Regulation & Enforcement
2725 Judge Fran Jamieson Way, Bldg A-105
Viera, FL 32940**

16. Certificate of Insurance (general/public liability and property damage)

17. Certificate of Insurance for Worker's Compensation
(required if you have employees)

♦ You may need both #17 and #18

18. Workers Compensation (WC) Exemption Card(s)

It is the license holder's responsibility to renew the Brevard County Certificate of Competency License yearly. Renewal period is August 1 – 31.



BOARD OF COUNTY COMMISSIONERS

Licensing Regulation & Enforcement

2725 Judge Fran Jamieson Way
Building A, Room 114
Viera, Florida 32940

Dear Applicant:

To comply with the Brevard County Code of Ordinance, applicants are required to obtain a Criminal History Report prior to receiving the Certificate of Competency License.

Note: Reports obtained through the internet are not acceptable.

Please use the enclosed Criminal History Information Request Form:

- Complete the top portion of the form with the applicant's information. Please provide as much information as possible. The accuracy of the information provided is critical as all searches are based on this information.
- Mail completed form with payment of \$24.00 to FDLE (non-refundable)

Payment Methods:

- Personal or Business Check – Must include pre-printed name of account holder and mailing address
- Money Order – Must be made payable in U.S. Funds

All payments must be made payable to FDLE.

Submit completed form along with the required \$24 fee (per inquiry) to:

**Florida Department of Law Enforcement
User Services Bureau
Criminal History Services
P. O. Box 1489
Tallahassee, FL 32302-1489**

Once your Criminal History Information Request is received by the Florida Department of Law Enforcement it will take FDLE up to 5 days to process. The results will be mailed to Brevard County Licensing Regulation & Enforcement.

Please be advised; it may take up to 2 weeks from the time you mail the request to FDLE until Brevard County Licensing Regulation & Enforcement receives the report.

If you have any questions regarding the processing of this request by FDLE, you may reach the Criminal History Services Section at (850) 410-8109. Office hours are 8:00 A.M. - 5:00 P.M. EST Monday - Friday (excluding holidays).



Florida Department of Law Enforcement
Criminal Justice Information Services
Post Office Box 1489, Tallahassee, FL 32302-1489
(850) 410-8109



Florida Criminal History Information Request

Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes

I am requesting Florida criminal history information on the following individual:

Last Name*:	*REQUIRED FIELDS <i>NOTE: INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR</i> OPTIONAL INFORMATION Social Security Number Middle Name Other Names Used
First Name*:	
Middle Name:	
Other Names Used:	
Race*: Sex*: Date of Birth*:	
Social Security Number:	

Please provide as much information as possible. The accuracy of the information provided is critical as all searches are based on this information.

Payment Methods

Personal or Business Check – Must include pre-printed name of account holder and mailing address

Money Order – Must be made payable in U.S. Funds

All payments must be made payable to FDLE

Submit completed form along with the required \$24 fee (per inquiry) to:

Florida Department of Law Enforcement
User Services Bureau
Criminal History Services
Post Office Box 1489
Tallahassee, FL 32302-1489

Certified Results

Notary letters certifying the results are available at no additional charge

☒ I am requesting certification of criminal history information request results

Mail Criminal History Information Request Results To:

Department: Brevard County Licensing Regulation & Enforcement	
Contact Person: Denise Campagna	Street: 2725 Judge Fran Jamieson Way A114
Contact Telephone: 321-633-2058	City: Viera
ORI Number: (if applicable)	State: FL
Date Submitted:	ZIP: 32940

FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD

Credit Reporting Agencies – For Reference Only

(This listing is **not all inclusive**. You may submit credit reports from agencies not included on this list, so long as they meet the criteria listed in 61G4-12.011(12), Florida Administrative Code.)

DBPR cannot recommend or endorse a particular credit reporting agency. The list provided below includes the agencies that we are aware of that currently meet the Board's reporting requirements. It is provided solely as a courtesy to assist you in locating resources. The Department specifically disclaims any responsibility for the quality or cost of services provided by the agencies listed below.

Note to Applicants: Effective April 10, 2012, personal credit reports must contain a FICO derived credit score to meet application requirements. It is the applicant's responsibility to ensure the credit reporting agency includes the FICO derived score on the credit report submitted to DBPR.

1st United CRS dba

www.unitedcrs.com
PH 239.206.1049
PH 850.539.8000
PH 215.501.7224

A & A Credit Corp.

AAA Advantage Credit Services
PH 877.296.4600

API Processing - Licensing, Inc.

www.apiprocessing.com
PH 954.567.0013
PH 800.947.6939

Associated Credit Reporting, Inc.

www.associatedcreditreporting.com
PH 754.216.0025
PH 800.676.7640 (ext. 201)

Background Research, Inc.

C.B. Services Credit Bureau

PH 850.862.2134

CBJ Associates Inc.

PH 904.723.5533

Check Mate

PH 941.366.1819

Contractor Licensing Inc.

Contractors Reporting Service

PH 800.487.2084

Credit Bureau of Escambia County

Credit Bureau Services, Inc.

dba www.elicensereport.com
PH 954.561.1400

Credit, Business, & License Solutions dba

www.dbprcreditreport.com
PH 800.600.2155

Credit Check, Inc.

www.creditcheckinc.com
PH 561.616.5556
TOLL FREE 877.616.5556

Credit Plus, Inc.

PH 818.331.1048

Credit Profile & Security Corp.

Credit Search

PH 561.791.9458

Dragnet Credit & Tenant Screening

PH 386.676.7733

Lexis/Nexis

PH 678.694.4809

Licenses, Etc.

www.licensesetc.com
PH 239.777.1028
PH 954.573.2700

License Exam Services LLC

PH 941.706.2336

Lumbermen's dba

www.FloridaCreditReports.com
PH 954.771.2100
PH 813.358.7633
PH 407.956.2237
TOLL FREE 800.496.4826

MacData Inc.

Merchant's Association

Merit Credit

www.meritcreditservices.com
PH 239.277.3202
TOLL FREE 800.371.3348

NACM Tampa Inc.

Contact: Cassie Thomas
cthomas@nacmtampa.com
PH 800.352.5882, Ext 292

National Association of Credit Management d/b/a NACM South Atlantic

www.nacmsouthatlantic.com
PH 407.299.7491
TOLL FREE 800.393.6226

National Research Group

PH 941.488.8500

Network Credit Services

PH 813.685.5678

Premium Credit Bureau

PH 305.468.1560

Supreme Credit Information Services

www.supremebureau@comcast.net
PH 786.266.1407
FAX 305.665.3315

USA Credit Bureau

PH 888.474.2270

Updated: 4/26/17